POLICY#: IX. 2
SECTION: INSTITUTIONAL RESPONSIBILITIES
SUBJECT: INTER-INSTITUTIONAL AGREEMENTS

I. PURPOSE
To establish guidelines for letters of agreement between RUTGERS Robert Wood Johnson Medical School and affiliated institutions for graduate medical education.

II. SCOPE
For all programs participating in housestaff training accredited by the ACGME, sponsored by RUTGERS Robert Wood Johnson Medical School.

III. RESPONSIBILITY/REQUIREMENTS
The RUTGERS Robert Wood Johnson Medical School requires that programs have Letters of Agreement with all sites and that they be reviewed annually and updated if necessary. The letters should follow the format of the attached agreement. The purpose of the letter should be clearly stated, followed by a description of the functional rotations at that training site. It should be stated that RUTGERS Robert Wood Johnson Medical School retains overall authority over residents' activities. The letter must address the essentials as required by the ACGME, including:

A. identify the faculty who will assume both educational and supervisory responsibility for the residents
B. the educational goals and objectives for residents
C. the period(s) of assignment, financial arrangements, and details for their insurance and benefits
D. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified by this document
E. policies and procedures that govern the residents' education while on rotation at the affiliate.

Once the agreement is completed, a draft should be forwarded to the GME Office for review. After the document is approved, it should be signed by the Program Director of the Training Program, Department Chair, Associate Dean for Graduate Medical Education of the Medical School and the appropriate officials of the affiliate institution. This agreement must be signed by all parties before the start of the academic year in which housestaff will rotate at that affiliate.

Approved by GMEC on 5/11/99          Amended by GMEC on 4/10/01, 6/13/00 & 9/13/05, 3/28/12
(Hospital/Institutional Representative)                                      Date
(Site name)
(Address)

Re: Description of Rotation for ________ residents at ____________ (site)

Dear Dr. (Institutional Representative)

The purpose of this letter of agreement is to continue to formally document the conditions of our long-standing affiliation, as it affects the assignment of residents from our residency program in (description of Program) at RUTGERS Robert Wood Johnson Medical School to the (name of Hospital/Institution). The term of this Agreement shall be for a period of one (1) year from the Effective Date. Renewal thereafter shall be automatic for successive periods of one (1) year, unless either party notifies the other party, in writing, that they wish not to renew the Agreement. The following description outlines the functioning rotations of (type of Program) residents while at your institution essentially as they have been in place since (date).

Consistent with ACGME requirements for inter-institutional agreements, RUTGERS Robert Wood Johnson Medical School as the sponsoring institution continues to be responsible for the quality of our residents' educational experiences and retains overall authority over our residents' activities while they are at (Hospital/Institution's Name). As required by the ACGME, this letter covers: 1) the officials of (Hospital/Institution's Name) who will assume administrative, educational and supervisory responsibility for our residents while on rotation; 2) the educational goals and objectives to be attained by our residents while at (Hospital/Institution's Name); 3) the period of assignment of our residents to the (Hospital/Institution's Name) rotation, the financial arrangements, and the details for their malpractice insurance and benefits; 4) (Hospital/Institution's Name) responsibilities for teaching, supervising and formally evaluating our residents' performances while on rotation; 5) the policies and procedures that govern our residents' education while they are rotating at (Hospital/Institution's name)

Item 1: ____________, MD and the teaching faculty at (Hospital/Institution's name) will assume administrative, educational, and supervisory responsibilities for the residents, subject to the overall control and direction of the RUTGERS Robert Wood Johnson Medical School Program Director.

Item 2: The educational goals and objectives of the rotations at (Hospital/Institution’s name) include the following:

Item 3. __________ (number of residents at each PG level on site) will rotate to (hospital/institution's name) for _________ weeks/months each year. (Hospital/Institution name, and/or RUTGERS Robert Wood Johnson Medical School will continue to pay our residents' salaries, malpractice insurance and benefits while they are at [Hospital/Institution's Name]-Please be specific about the FTE’s to be paid by other hospital/institution). RUTGERS Robert Wood Johnson Medical School residents at (hospital/institution name) will not be reassigned to other sites or assigned to additional types of duties without the express approval of the RUTGERS Robert Wood Johnson Medical School Program Director.
Item 4. (Hospital/Institution name) is responsible for providing sufficient resources and assuring supervision for the proper conduct of the resident during the period of the residents' rotation at (Hospital/Institution name). During these rotations, there is ongoing communication between the faculty at both institutions in connection with the residents' activities and progress. At the completion of each rotation, the supervising (Hospital/Institutions' Name) faculty complete written resident evaluations, and provide the residents with an opportunity to meet to discuss their evaluations. The residents will evaluate their rotations at (Hospital/Institution’s Name), in writing, and the results of those evaluations will be shared with you.

Item 5. In each of the _________________ residents’ _____ rotations at (Hospital/Institution’s Name), the residents’ education is governed by the policies and procedures of (institution name), which may set standards and establish reasonable rules and regulations which may govern the conduct of residents. (Hospital/Institution name) shall orient and adequately inform residents regarding any rules, policies, procedures or customs.

Please be aware of your need to comply with the new HIPAA regulations.

Your signature below indicates that I have accurately described the experiences obtained by ________________ residents during their rotations at (institution name). Please sign where indicated below and return this letter to ________________ by ________________(date).

Sincerely,

_____________________________
(RWJMS Program Director)

_____________________________
(Chair of the Department)

_____________________________
Michael Kelly, MD
Associate Dean for Graduate Medical Education

_____________________________
(Person in charge of residents at [name of institution])

_____________________________
(CEO of other institution)

copy: Office of Graduate Medical Education RUTGERS Robert Wood Johnson Medical School
One RWJ Place, MEB 587, New Brunswick, NJ 08901